

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:				
1 / 1 / 2004 Through: 12 / 31 / 2004				
4. Name, file number, and address of labor organization.				
Name UA Plumbers & Pipefitters Local Union 295				
Labor Organization File Number 039 008				
P.O. Box, Building and Room Number, if any				
Street 743 North Beach Street				
City Daytona Beach				
State Florida ZIP Code + 4 32114-2279				
5. Position in labor organization.  Executive Board Member				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any	y). 7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street	0				
City					
State ZIP Code + 4					

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information						
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the						
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Ray E Ath	On	7/7/2005	386-767-6438			
, , ,		Date	Telephone Number			

Name of Person Filing Ralph Roberts	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with				
Name	a. Labor Organization b. Trust c. Employer				
Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	ì				
Street City	11.b. Approximate dollar value of such dealing.				
State ZIP Code + 4	12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payrnent.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				